

All requests for Extra State Compensation must be filed and approved in advance of the beginning date of the assignment according to Academic Affairs Policy for Extra State Compensation

**EXPLANATION OF EXTRA STATE COMPENSATION
REQUEST ON A CONTRACT/GRANT ACCOUNT**

1. Personal Information: Name: _____ Title: _____ Rank: _____ <input type="checkbox"/> 9-month <input type="checkbox"/> 12-month GROSS COMPENSATION: \$ _____
2. Extra State Compensation Information: Period of Dual Compensation: From: _____ To: _____ Number of hours to be worked: _____ Course Release: <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____
3. Purpose of Extra State Compensation (be specific):
4. Selection Process Used:
5. Why can this work not be done in-load?:
6. Time that work is being completed (month, day, hours):

APPROVALS:

Department Chair

Name: _____

Signature: _____

Dean

Name: _____

Signature: _____

Division of Sponsored Research

Name: _____

Signature: _____

Provost

Name: _____

Signature: _____

PLEASE REFER TO REGULATIONS AND GUIDELINES FOR EXTRA STATE COMPENSATION.